A. Introduction

In 2014, UNAIDS launched the 90-90-90 target, “the fast track target”, for achieving the vision of “Ending the AIDS Endemic by 2030”. It is also mentioned by Sustainable Development Goals (SDGs) target, launched in 2015, – i.e. end AIDS as a public health threat by 2030. Those working in the field of HIV, including policy makers, programmers, governments and community-based organisations operate within the framework of global HIV targets.

HIV epidemic in Indonesia is one of the fastest growing in Asia. Total number of new HIV infections in 2016 (48.000 people) is 10 times higher compared with the case in 2004 (<3.000 people). In addition, since 2010, AIDS related death in 2016 (38.000 people) have increased by 68%. An escalation number of HIV cases also happened in Yogyakarta district. Total number of HIV cases have increased from 41 people in 2004 to 554 people in 2014 and at least 23 people per year developed AIDS in this district.

HATI (Test & Treatment HIV AIDS in Indonesia) study has been conducted in Indonesia since August 2015. This is an implementation study to increase number of HIV testing people and number of people on ARV, especially among key population – i.e. men who have sex with men (MSM), female sex worker (FSW), transgender, and inject drug user (IDU). This study is conducted in four provinces in Indonesia – i.e. Jakarta, Bandung, Yogyakarta, and Bali.

Phase 1 of this study – i.e. observational phase, has finished and resulted in a recommendation to do some intervention for phase 2. The intervention consists of (1) Oral Fluid Testing in Bali; (2) Simplify ARV Initiation in Bandung, Bali, Yogyakarta; (3) CBO based Intervention in Yogyakarta; (4) SMS Reminder in Jakarta, Bandung, Bali, Yogyakarta; and (5) Motivational Interviewing in Bandung and Jakarta.

CBO based intervention, as we mentioned before, is the only HATI intervention which is conducted in Yogyakarta to increase the number of HIV tested people and the number of people on ARV. This intervention has been launched in January 2018 after some discussion and negotiation with stakeholders six months before it is launched. This intervention provides HIV services routinely, including VCT and CST service, in NGO of MSM community (named Vesta), NGO of transgender community (named Kebaya), and public hall in Brothels Pasar Kembang. These services are not only for key population but also for general population due to justice equality. All medical services are provided by three Puskesmas around Yogyakarta District while outreaching activity is conducted by the community.

A quantitative data on CBO based intervention showed that at least 624 people, including key population and non-key population, accessed those services between the nine months of intervention. Among them, 20 people were diagnosed with HIV, of whom 18 people have initiated ARV directly after being diagnosed. It can be argued that based on this data, such intervention could invite many people and add the number of people initiating ARV. To strengthen that hypothesis, HATI Yogyakarta team has also collected qualitative data related to this intervention. We conduct interviews and observations during HIV services as methods to collect these data. We record those on our diary log book and quarterly report. Moreover, as this intervention was not easy to be implemented, we also record our experiences when we had discussions and negotiations with many stakeholders.
HATI Yogyakarta team are going to write and submit a manuscript based on many interesting data on CBO based intervention. Yogyakarta plan to present both quantitative and qualitative data in the manuscript in order to make the manuscript ready to be published in journal the capacity building ofr the staff is needed.

B. Main Outcome
Manuscript for CBO based intervention study publication

C. Methods
The workshop will be divided two parts: first part is preparing qualitative studies, including theory, tools, methods and expected results, preparing draft manuscript.

Second workshop will heavily on analysing the data that has been collected and preparing tabulation and study report to be put in the manuscript.

1. Workshop Understanding Qualitative Studies and tools for collecting data qualitative
   Duration : two days
   Location : Solo, Indonesia
   Aim :
   a. To refresh knowledge of qualitative methods, tools and preparing qualitative studies
   b. To know the result of CBO based intervention – both qualitative and quantitative
   c. To compile the first draft manuscript of CBO based intervention study publication

   The agenda of the workshop contains as follow:
   Agenda:
   1. Basic Concept and Theory overview: qualitative methods
   2. Design Qualitative Research
   3. Theory overview: analysing qualitative data
   4. Develop template for questionnaire and tools.
   5. Preparing theme and script for analysis
   6. Writing your manuscript: Structure of “introduction and discussion part”
   7. Literature review: issue and theory for “introduction and discussion part
   8. Mixing method between quantitative and qualitative

2. Workshop for analysing data qualitative and manuscript writing
   Duration : two days
   Location : Jakarta, Indonesia
   Aim :
   a. To understand on analysing qualitative data
   b. Theory and Workshop for Program Qualitative Data Analysis : Expert Choice, NVivo, CDC EZ-Test
   c. To reshape draft of manuscript
   d. Writing your manuscript: final paper ready to submit
   e. To understand on how to submit to international journal.
3. Consultation by appointment

HATI Yogyakarta team will follow up the result of the workshop by writing up a manuscript. During the process of writing (two months), team can do consultations with the expertise consultant by appointment. As much as once per two weeks, team can meet or get feedback from consultant. Manuscript will be reviewed during the process based on advices and suggestions from the consultant.

D. Budget

WHO will provide the budget that consists of:
1. Trainer/Facilitator for the Workshop
2. Meeting Package for Workshop for 8 participants and additional for trainer and facilitator
3. Transport (airfare and land transport), daily allowance, accommodation for participants (HATI team and MOH/PHO/DHO from Yogyakarta (7))
4. Meeting Material

Consultant need to prepare their budget worksheet and WHO will select based on suitable expectation and value for money.

E. Participants

HATI Yogyakarta team
1. dr. Yanri Wijayanti Subronto, PhD, Sp-PD-KPTI, FINASIM
2. Nur Aini Kusmayanti, S.Gz., MPH
3. Linda Septiani, S.Si., MSc
4. dr. I Wayan Cahyadi Suryadistira
5. Srila Nirmithya Salita Negara, S.Gz
6. WHO Indonesia
7. PHO DI Yogyakarta
8. DHO Kota Yogyakarta

F. Technical Report

A technical report covering all aspects of training course, including preparation, learning process as well as the key findings and recommendations to improve HIV data use and programme evaluation in Indonesia. Participants will receive training course certificate and training materials.

Annex 1: Technical Guideline Document for the Implementation of Phase Two HATI Study in Bandung, Yogyakarta, Denpasar and Jakarta
Annex 2: Budget Template